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County Agent's Notes: Anthrax: Should we be concerned? - October 15, 2001

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Field Notes:

October 15, 2001

Anthrax: Should we be concerned?

By: Dr. Ernie Flint, Area Agent/Agriculture

With all the media attention being given to anthrax, we should understand at least a few things about this disease that those of us in agriculture have been familiar with for a very long time. First, the real enemy is not anthrax at all; rather it is fear of something unknown and unseen. The very idea of something that cannot be confronted face to face plays on our minds as nothing else can. The primary objective of those who may attempt to spread a disease like anthrax is to disrupt normal activity through fear of going about our daily activities. By causing us to fear such simple things as opening our mail they have achieved their goal.

Anthrax is caused by a bacteria called *Bacillus anthracis*. The fact that it is caused by a bacteria rather than a virus is very important since bacterial diseases like anthrax can be treated with antibiotics, whereas viruses are more difficult to manage. Anthrax is a very common problem for livestock producers, and is a naturally-occurring bacteria that under the right set of conditions can affect deer and other wildlife species. Farmers and hunters are often exposed to anthrax with very little risk of contracting the disease when simple precautions of cleanliness are taken.

The Centers for Disease Control has provided information about anthrax. Key points include: Symptoms of anthrax vary depending on how the disease was contracted, but usually

occur within seven days after exposure. The serious forms of human anthrax are inhalation anthrax, cutaneous (skin) anthrax, and intestinal anthrax.

The inhalation form of anthrax is the most dangerous, beginning with symptoms that resemble a cold, and then progressing to more serious symptoms. This form of anthrax can be fatal. The intestinal form of anthrax is caused by consuming food or drink containing the bacteria, and causes nausea and diarrhea. Cutaneous anthrax results from entry of the bacteria into skin cuts or scrapes, and causes localized infection.

Direct person-to-person spread of anthrax is extremely unlikely, therefore there is no need to immunize those who come in contact with an infected person. Only those who may have been exposed to the same source of the bacteria should be treated. Infection can be prevented by treatment with commonly available antibiotics, however antibiotics should not be administered unless exposure is suspected in order to avoid developing resistance to the antibiotics.

Fortunately, we live in a country where problems like this can be quickly identified and treated effectively. True enough, we must take this threat seriously, but we cannot allow it to disrupt our work and our everyday lives. Like it or not we are on the front line of this conflict, so we must remain focused and go about our normal duties. These conditions should bring us closer together as a community and as a nation. Petty differences must be put aside as they should have been long ago. We are all Americans, and we had better act like it if we expect to prevail.

Pray for our leaders and for our country.

